

KZN HEALTH

KZN Health Intranet

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CORPORATE INFORMATION COMPONENTS DIRECTORY

DISTRICT OFFICES HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

AdvertQuote

KWAZULU-NATAL PROVIN HEALTH REPUBLIC OF SOUTH AFRICA	Quotation Advert
Opening Date:	2022-03-14
Closing Date:	2022-03-17
Closing Time:	11:00
INSTITUTION DETAILS	11.00
Institution Name:	Dr Pixley ka Isaka Seme Memorial Hospital
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	DR PIXLEY KA ISAKA SEME MEMORIAL
Date Submitted	
ITEM CATEGORY AND DETAILS	2022-03-14
Quotation Number:	ZNQ: DPM 367/21-22, DPM371/21-22, DPM378/21-22
Item Category:	Goods
Item Description:	1.PLASTIC TAGS= 200 UNITS 2.LINEN STAMP= 05 UNITS LINEN STAMP INK 1LITRE = 20 UNITS 3.RESEABLE ZIP LOCK PLASTIC BAG = 2SPKTS
Quantity (if supplies)	
COMPULSORY BRIEFING SESSION /	SITE VISIT
Select Type:	Not Applicable
Date :	
Time:	
Venue:	
QUOTES CAN BE COLLECTED FROM:	KZN HEALTH WEBSITE
QUOTES SHOULD BE DELIVERED TO:	310 JABU NDLOVU STREET OLD BOY MODEL PMB SCM TENDER BOX, EMAIL: quotations.scmho@kznhealth.gov.za
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:
Name:	ZAMA DLADŁA
Email:	zamampembe.diadia@kznheaith.gov.za
Contact Number:	031 530 1457
Finance Manager Name:	BM NTOMBELA
Finance Manager Signature:	Muly

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00 incl vat YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL DATE ADVERTISED: 14/03/2022 FACSIMILE NUMBER: ______EMAIL: quotations.scmho@kznhealth.gov.za CONTACT NUMBER: 0315301457 ENQUIRIES REGARDING THE QUOTE ZAMA DLADLA PHYSICAL ADDRESS: 310 JABU NDLOVU STREET OLD BOYS MODEL SCM TENDER BOX QUOTE NUMBER: DPM367/21-22 CLOSING DATE: 17/03/2022 CLOSING TIME: 11:00 DESCRIPTION VARIOUS COLOURS PLASTIC KEY TAGS THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR OFFER BEING DISQUALIFIED) NAME & ADDRESS OF BIDDER (FIRM) DATE: NAME OF BIDDER: EMAIL ADDRESS: PHYSICAL ADDRESS: FACSIMILE NUMBER: CONTACT NUMBER: SIGNATURE OF BIDDER: SARS PIN: CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.: \$ [By signing this document, I hereby agree to all terms and conditions] UNIQUE REGISTRATION REFERENCE: 1 State delivery period, e.g. 1day, 1week Does this offer comply with the specification? All delivery costs must be included in the quoted price Is the price firm? Country of Price Item Brand & model Quantity Description manufacture R C No SUPPLY AND DELIVER PLASTIC KEY TAGS VARIOUS COLOURS 01 200 UNITS DIMENSIONS L-60X -22 X XL-19MM AS PER SPEC ATTACHED

The state of the s

VALUE ADDED TAX @ 15% (Only if VAT Vendor) TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)

- SPECIAL CONTRACT CONDITIONS OF QUOTATIONS
- The Department is under no obligation to accept the lowest or any quote.

 The Department reserves the right to communicate in writing with vendors in cases where information is In a Leparument reserves me right to communicate in writing wait ventors in cases where thromation is incomplete or where there are obscurities regarding technical aspects of the offer, to obtain confirmation of prices or preference claims in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactority. ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OF THIS

RESPONSES TO; quotations.scmho@kznhealth.gov.za/ 310 JABU NOLOVU STREET OLD BOY MODEL TENDER BOX PMB

- QUOTATION.
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 - The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer fulfit their obligation
 - SPECIAL INSTRUCTIONS REGARDING HAND-DELIVERED QUOTATIONS
- Quotations shall be lodged at the address indicated no later than the closing time specified for their receipt and in accordance with the directives in the quotation documents.

 Each quotation shall be addressed in accordance with the directives in the quotation documents and
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 A specific box is provided for the receipt of quotations, and no quotation found in any other box or
- elsewhere subsequent to the closing date and time of quotation will be considered.

 No quotation/ bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery.
- Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

Date

Standard End-User Specification Form

A.	Min of KWAZULU-NATAL					
	_{ofe Num} ber: Description: Key Tag	s	Departme	ent/Section: Theatre CS	SD	
	oose of Item: Labelling					
1.	Pre-qualification criter	ia if any:				
	1.1. Is the item require Regulatory Body / certific	ed to have a regulatory is cation required if Yes:	oody certifi	cation (e.g. SABS, SANS	S, SAN	AS, ISO, CIDB, etc.)? Ves / No
	1.2. Is a compulsory si if Yes, specify: Date	ite inspection / briefing	session re	quired? Yes / 100 ace	varasiosi Varasiosi	
	1.3. Is local production if Yes, specify:	n and content part of the	e quote? Y	es / (1)		
	1.4. Provisions of sect	ion 4(1)(a) of the PPPF	A Regulatio	ns,2017 if applicable? Y	es / No	
		\sim				
	1.5. Liability Cover ins if Yes, specify:					
2.		on of the required item	?			
	t specifications to be adv			C	ommer	it
1.	Various colours plastic					
2.	Dimensions :- L-60 X W	/-22 X H-19mm	···· · · · · · · · · · · · · · · · · ·			
3.						
<u>4.</u> 5.						
4.	the purchaser shall penalty, a sum calc	y the suppliers: o deliver any or all of the l, without prejudice to its culated on the delivered	goods or to other reme price of the	perform the services with edies under the contract, delayed goods or unperf	in the p	eriod(s) specified in the contract from the contract price, as services using the current prim
	interest rate calcula	ted for each day of the de	elay until ac	tual delivery or performan	ce.	
5.	What is the evaluation	criteria / special terms a	and condition	ons to be advertised?		
	t evaluation criteria / spec					
1.		Does the offer meet the				
2.	Administrative			d administrative requireme	nts?	
3.	Conformance:	Was the product made	or service	performed to specifications	s?	•
4.	Performance:	supplier from all liabiliti	es under th		, in a m	anner that releases the
5.	Features:	What characteristics de				
6.	Reliability:			en failures and the need fo		
7.	Durability:			uct? How will the product t		
8.	Serviceability:	-		or support the product or s		(customer support)
9.	Ability & Capacity	1		dor to execute the contrac	ot	
10	Preference points	Preferential Procureme	ent System	(80/20) if applicable		
		,				4
Na	me of End-user (in full)	Y Mhlungu ^		Name of SCM Rep (in fu	ill)	SUA MADLO
ł	signation / Rank (in full)	AMN Theatre		Designation/ Rank (in ful	ll)	Sont
	nature	1 mm		Signature		(1).
		a l				NOTE -

Date

09.02.2022

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-

the bidder is employed by the state; and/or

any municipality or municipal entity;

the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.

2.	ln (order to give	e effe	ct to the	e above	, the fol	lowing (questionn	aire must	be co	mpleted a	and submitte	ed with the qu	ote.			
2.2	2. 3.	Full name of Identity Nur Position shareholde	mber:							2.4. e,2.5.	Compan Tax Ref	ıy Registrati erence Nurr	on Number: ber:umber:		• • • • • • • • • • • • • • • • • • •		11+1++
2.5		The names employee / APPLICAB	pers	l directo al numb	ors / trus ers mus	stees / s st be inc	shareho dicated	lders / me in paragra	embers, t aph 3 bel	heir in ow.	dividual id	dentity num	oers, tax refer	ence nun	nbers ar [TICI	nd, if app <	olicable,
2.8 2.8	3. 3.1.	Are you or If so, furnis	any p h the	following	ig partic	ulars:							**************	141411 114411		ES	NO
	١	vame c	of	state	instit	ution	at	which	you	OL	the	person	connected	to	the	bidde	
0.1	r	particulars:.											ertake remun				
		in the pul	blic se	ector?	-	•		-				ionity to unu	CILGAC ICINUN	CIGUAC AA		ES E	NO
/Note	: F	1. If yes, on all ure to suf	bmit r	roof of	such au	ithority.	where .	applicable	e, may re	sult in	the disqu	alification of	the quote.)				
2.	8.2.	2. If no, fu	ırnish	reasor	is for no	n-subm	ission (of such pr	oof:		harohold	iora / momb	ers or their sp		nduct h	uelnaee	with tha
2.		state in the					compan	y s uneci	OIS / HUSI	(ees / :	si iai ei ioio	icto i tiletiin	era or men ab	ouses co		ES ES	NO
2.5	9.1.	If so, furn	ish n	articula	rs:										المصروب	the e	ista and
2.	10.	Do you, or who may b	any e inv	person olved w	connec ith the e	ted Witt valuatio	n the o⊭ on and o	oder, nav or adiudio	e any rei ation of tl	auons his aud	np (ramı) te?	y, mena, oi	her) with a pe	ason eng		ES E	NO NO
2.	10.1	1. If so, furr	nish p	articula	rs:									,	L		L
2.	11.	Are you, o	r any	persor	onne	cted wi	th the l	oidder, av olved with	vare of a	iny reli Iuation	ationship and or a	tamily, trie) diudication	nd, other) be of this quote?	tween an		bidder (and any
2.	11.	1. If so, furr	nish p	articula	rs:		117 444 414 4									· · · ·	
2.									ers / men	nbers	of the co	mpany hav	e any interest	in any c	other rel	ated cor	npanies NO
2	12 -	whether or	not ti nish n	ney are articula	bidding rs:	TOF THIS	contra	C(/				1 * * * 1 7 1 7 7 7 7 7 7 7 7 7 7 7 7 7				(ES	NO
3.		Full details								.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	В:	The Department The De	rtmer itv to	t Of H ensure	ealth w that the	ill valid eir deta	late de ils are ι	tails of	directors and veri	ified or	CSD. If	the Departr	shareholde ment cannot v easury Instru	alidate th	e infor i	mation o	uppliers' on CSD,
4		DECLAF															
		IE UNDEI NISHED					*******	• • • • • • • • • • • • • • • • • • • •					.CERTIFY	THAT T	HE IN	FORM	ATION
		CEPT TH VE TO B			rate 1	MAY I	REJEC	T THE (QUOTE	OR A	CT AGA	AINST ME	SHOULD	THIS DE	ECLAR	ATION	I
		e of bidder					ature				Positio)ate		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1 * a)		e" means – any national constitutional	Institu	ition withi	n the me	nt, nation	al or pro the Public	vincial pub : Finance M	lic entity or lanagemen	r c) t d)	national /		e national Counc	I of province	es; or		

^{2*} Shareholder* means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

	S.	FANDARD QUOTE DOCUMENTATION SUPPL	Y CHAIN MANA	GEMENT UNDER R3	0 000.00 incl vA	Γ			
YOU ARE	HEREBY INVITE	D TO QUOTE FOR REQUIREMENTS AT DR PIXLEY KAIS	AKA SEME MEMOR	IAL HOSPITAL	08 (1987)				
DATE AD	VERTISED: 14/0	9/2022 FACSIMILE NUMBER: ,		EMAIL · quotations.scmho@	kznhealth.gov.za		4553 1992)		
ENQUIRI	ES REGARDING	THE QUOTE: ZAMA DLADLA		CONTACT NUMBER:	0315301457				
ENGHIRI	ES REGARDING	TECHNICAL INFORMATION:			ACT NUMBER:		3039 2009		
PHYSICA	L ADDRESS: 310	JABU NDLOVU STREET OLD BOYS MODEL SCM TENDER	вох	20 m la 11 m m 20 m 10 m 10 m 10 m 10 m 10 m 10	, /41	*****************	(503) 1999:		
QUOTE	NUMBER: DPM	377/21-22 CLOSING DATE: 1	7/03/2022	CLOSING	TIME: 11:00				
DESCRIF		BLE ZIP LOCK PLASTIC BAGS DURABLE COLOURLESS					ngangang ngangang		
	THEF	OLLOWING PARTICULARS MUST BE FURNISHED (FAILL	RE TO DO SO MAY	RESULT IN YOUR OFFE	R BEING DISQUALIF	IED)			
***************************************		NAME & ADDRE	SS OF BIDDER (FIF	RM)					
NAME OF	BIDDER:		DATE:						
PHYSICA	L ADDRESS:		EMAIL AODRE	:SS:					
CONTAC	t number:		FACSIMILE NU	JMBER:					
SIGNATURE OF BIDDER: SAF				SARS PIN:					
[By signing this document, I hereby agree to all terms and conditions] CENTRAL SU				IPPLIER DATABASE REGISTRATION (CSD) NO.: ‡					
UNIQUE REGISTRATION REFERENCE:									
Does this o	fer comply with th	e specification?	State delivery perio	d, e.g. 1day, 1week					
ls the price	fim?		All delivery costs m	ust be included in the quote	ed price				
Item					Country of	Price			
No	Quantity	Description		Brand & model	manufacture	R	C		
		SUPPLY AND DELIVER							
01	25 PKTS	RESEALABLE ZIP LOCK PLASTIC BAGS D	URABLE						
		COLOURLESS 490MM X 500MM / 490MM X 540M	M 60 MICRON				<u> </u>		
		SINGLE USE 100 UNITS PER PKT AS PER SPEC	CATTACHED						
		AL AL MANAGEMENT AND			 		 		
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		RESPONSES TO; quotations.scmho@kznł				ļ	╂		
1484 ()=	DDFD T1V C 15	310 JABU NDLOVU STREET OLD BOY MODEL TEND	DER BOX PMB		<u> </u>		-		
		% (Only if VAT Vendor)							
TOTAL C	JUUTATION PRIC	E (VALIDITY PERIOD 60 Days)					1 1		

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END-USER SPECIFICATION FORM

4	KOAHAOF OF WHYPERFORMING	nL	
Quo	te Number:		
ltem	n Description:	RESEALABLE PLASTICS	
	artment/Section:	RADIOGRAPHY	Purpose of Item: For use in covering the x-ray detectors to avoic
•			Infection when using between patients and wards
1.	Pre-qualification c	riteria if any:	
	1.1 Is the item rea	uired to have a regulatory body	certification (e.g/SABS, SANS, SANAS, ISO, CIDB, etc.)? (es) No:
	Regulatory Body / ce	rtification required if Yes:	
	12 le a compulsor	ry site inspection / briefing ses	sion required? Yes //No
	if Yes, specify: Date	/ Time :	Place Place
			10× (6)
	1.3. Is local productif Vac specify:	ction and content part of the qu	ote? Yes INO
			•
	1.4. Provisions of	section 4(1)(a) of the PPPFA Re	gulations,2017 if applicable? Yes / 🄞
	if Yes, specify:		Control of the Contro
	1.5 Liability Cover	insurance? Yes (No)	
	if Yes. specify:	insurance? Yes /(🍪	same and specific and an analysis of the specimen and spe
			rance less "Pall'anni neu rance com a rancera
2.		cation of the required item?	
Lis	t specifications to be		Comment
1.	490mm X 500mm /		Either size
2.	Durable see throug		
3.	With resealable sea	al	
4.	Single use		
5.	GOMICAON		
3.	Door o comple poe	ed to be submitted? Yes / No(se	elect antion 3.1 or 3.2)
J.	2.1 Doodling for sui	hmission if Yes: Date	Time Place
or	J. I. Deaulite for su	Diffission in res. Date	11110
or	3.2 Specify that sar	mples must be made available wh	nen requested in writing. Yes or No
	o.z. opcony macou	Tiples made so made available vii	or to a second and the second and th
4.	Penalties to be note	ed by the suppliers:	
			ds or to perform the services within the period(s) specified in the contrac
			er remedies under the contract, deduct from the contract price, as
			e of the delayed goods or unperformed services using the current prim
	interest rate cal	lculated for each day of the delay	until actual delivery or performance.
_	M/hat in the avaluat	ion criteria / special terms and	conditions to be advertised?
		special terms and conditions to b	
1.	Pre-qualification cri		
2.	Administrative	1	ipulated administrative requirements?
3.	Conformance:		service performed to specifications?
4.	Performance:		ce fulfil its performance obligation, in a manner that releases the
''		supplier from all liabilities u	
5.	Features:		the product or service have?
6.	Reliability:		between failures and the need for maintenance? (guarantee)
7.	Durability:		ne product? How will the product hold up under extended use?
8.	Serviceability:		aintain or support the product or service? (customer support)
9.	Ability & Capacity		the vendor to execute the contract
10	. Preference points	Preferential Procurement S	System (80/20) if applicable
r		IN MOCKED DURING TA	Name of SCM Rep (in full)
ı Ni≏	me of End-user (in fu	iii) MRS LN PHUNGULA	I Name of John Red (In 101) 4 ///acco

Mante of Elia-aser (in iail)	MINGENTIONGOEA	Maine of Gold (rep (in idil)	J.41 112010
Designation / Rank (in full)	AD: RADIOGRAPHY	Designation/ Rank (in full)	SEMP
Signature	Qu -	Signature	(d).
Date	26/01/22	Date	1/08/02/2022
Ctonday Fullbar Chaifort	ion Form		Page 1 of

Standard End-User Specification Form

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-

the bidder is employed by the state; and/or

enterprise.

the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.

2. In	order to give effect to the above,	the following ques	stionnaire must b	e completed a	and submitte	đ with the quot	e.			
2.2.	Full name of bidder/representative Identity Number:	Company (dir	ector, trustee,2	2.4. Compar 2.5. Tax Ref 2.6. VAT Re	ıy Registratio erence Numi gistration Nu	on Number: ber: mber:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		114	
2.7.	The names of all directors / trust employee / persal numbers must APPLICABLE]	ees / shareholder be indicated in p	s / members, the aragraph 3 below	ir individual k 7.	dentity numb	ers, tax referer	rce numb	ers and (TICK	, if applic	cable,
2.8.	Are you or any person connected if so, furnish the following particular to the followi	d with the bidder p	resently employe	ed by the state	e?			YE	SIN	10
	Name of person / director / truster	e / shareholder/ m ition at w	ember:hich you	or the	person	connected	to	the	bidder	is
	employed:Position				•	*** 111 114 144 144 144 14		Any	1	other
000	particulars:		 rou obtain the an	nropriate auth	ority to unde	erfake remuner	ative work	c outside	e emplor	/ment
	in the public sector?				ioney to und	ortano romanon	Gara 11011	ΥE		10
2.8.2	1. If yes, did you attach proof o allure to submit proof of such aut	f such authority to	the quote docum	rent? It in the discu	elification of	the quote \				
282	2. If no furnish reasons for non	-exhmission of st	ich esoof:				**********			
2.9.	Did you or your spouse, or any o	of the company's	directors / trustee	s / sharehold	ers / membe	ers or their spou	uses cond	luct bus	iness wi	th the
	state in the previous twelve mon	ths?						YE	<u>s 1</u>	10
2.9.1	. If so, furnish particulars: Do you, or any person connecte	مامانا مطاطئين است	. have any relati	onebin (famil	v friend oth		on emplo	wed hv	the stat	e and
2,10.	who may be involved with the ev	eduation and or a	r, nave any reiau Hudication of this	onanip (ianiii anote?	y, mena, oa.	ier/ with a pers	ou empic	YE	c 1	40
2.10	1. If so, furnish particulars:	aluation and or a	ajudication of this						9 [[]	10
2.10	Are you, or any person connec-	ted with the bidd	er, aware of any	relationship	(family, frier	nd, other) betw	een any	other bi	idder an	d any
	person employed by the state what is the state what is the state what is the state when it is	ho may be involve	ed with the evalua	ition and or a	djudication o	f this quote?		YE	s 1	10
2.11	Do you or any of the directors	/ trustees / share	holders / memb	ers of the co	mpany have	any interest li	n any oth	er <u>relat</u> e	ed comp	anies
	whether or not they are bidding t	for this contract?						YE	<u>.s 1</u>	NO
	1. If so, furnish particulars:				** *** *** *** ***					
3. NB:	Full details of directors / truste The Department Of Health will responsibility to ensure that thei the quote will not be considered	II validate details Ir details are up-to	s of directors / o-date and verifie	d on CSD. If	the Departm	ient cannot val	idate the	informa	ation on	pliers' CSD,
4	DECLARATION									
FUI	HE UNDERSIGNED (NAME KNISHED IN PARAGRAPHS	2.								IION
I AG	CCEPT THAT THE STATE NOVE TO BE FALSE.	íAY REJECT T	HE QUOTE O	R ACT AGA	AINST ME	SHOULD TE	IIS DEC	LARA	TION	
Nan	e of bidder	Signature		Positio	n		 Da		**********	** *** 1*1
a) b)	te" means — any national or provincial department constitutional Institution within the mea Act, 1999 (Act No. 1 of 1999); any municipality or municipal entity;	ning of the Public Fin	ance Management	d) national a e) Parliame	nt.	ı national Council o				
²" Sh	areholder" means a person who owns s	hares in the compar	y and is actively inv	oived in the ma	nagement of th	ie enterprise or bi	usiness and	exercise	s control o	over the

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL. DATE ADVERTISED: 14/03/2022 FACSIMILE NUMBER: EMAIL: Quotations.scmho@kznhealth.gov.za ENQUIRIES REGARDING THE QUOTE: ZAMA: DLADLA CONTACT NUMBER: Q315301457 ENQUIRIES REGARDING TEQUITE: ZAMA: DLADLA CONTACT NUMBER: Q315301457 ENQUIRIES REGARDING TECHNICAL INFORMATION: CONTACT NUMBER: DPM371/21-22 QUOTE NUMBER: DPM371/21-22 CLOSING DATE: 17/03/2022 CLOSING TIME: 11:00 DESCRIPTION: HOSPITAL LINEN STAMP WITH DPISKMH & INK 1LITRE THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR OFFER BEING DISQUALIFIED) NAME & ADDRESS OF BIDDER (FIRM) NAME OF BIDDER: DATE: PHYSICAL ADDRESS: EMAIL ADDRESS: CONTACT NUMBER: FACSIMILE NUMBER: SIGNATURE OF BIDDER: SARS PIN: [By signing this document, I hereby agree to all terms and conditions] CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.: ↓
ENQUIRIES REGARDING TECHNICAL INFORMATION: CONTACT NUMBER: PHYSICAL ADDRESS: 310 JABU NOLOVU STREET OLD BOYS MODEL SCM TENDER BOX QUOTE NUMBER: DPM371/21-22 CLOSING DATE: 17/03/2022 CLOSING TIME: 11:00 DESCRIPTION HOSPITAL LINEN STAMP WITH DPISKMH & INK 1LITRE THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR OFFER BEING DISQUALIFIED) NAME & ADDRESS OF BIDDER (FIRM) NAME OF BIDDER: DATE: PHYSICAL ADDRESS: EMAIL ADDRESS: CONTACT NUMBER: FACSIMILE NUMBER: SIGNATURE OF BIDDER: SARS PIN:
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NAME & ADDRESS F BIDDER (FIRM) NAME OF BIDDER: PHYSICAL ADDRESS: CONTACT NUMBER: SIGNATURE OF BIDDER: NAME & ADDRESS BIDDER (FIRM) DATE: EMAIL ADDRESS: FACSIMILE NUMBER: SARS PIN:
NAME OF BIDDER: PHYSICAL ADDRESS: EMAIL ADDRESS: CONTACT NUMBER: SIGNATURE OF BIDDER: DATE: EMAIL ADDRESS: FACSIMILE NUMBER: SARS PIN:
PHYSICAL ADDRESS: EMAIL ADDRESS: CONTACT NUMBER: FACSIMILE NUMBER: SIGNATURE OF BIDDER: SARS PIN:
SIGNATURE OF BIDDER: SARS PIN:
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[Ry signing this document.] hereby agree to all terms and conditions] CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.: 1
[5] ordinary and accounted the second
UNIQUE REGISTRATION REFERENCE: 1
Does this offer comply with the specification? State delivery period, e.g. 1day, 1week
s the price firm? All delivery costs must be included in the quoted price
Item No Quantity Description Brand & model Country of manufacture Price
SUPPLY AND DELIVER
01 05 UNITS HOSPITAL LINEN STAMP WITH DPISKMH
02 20 UNITS INK 1LITRE BLACK AS PER SPEC ATTACHED
RESPONSES TO; quotations.scmho@kznhealth.gov.za/
310 JABU NDLOVU STREET OLD BOY MODEL TENDER BOX PMB
VALUE ADDED TAX @ 15% (Only if VAT Vendor) TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)
1. SPECIAL CONTRACT CONDITIONS OF QUOTATIONS 2.1 Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the

- 1.2. The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurifies regarding technical aspects of the ofter, to obtain confirmation of prices or preference claims in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactor ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OF THIS alete the supply/service satisfactorily.
- DUCTATION
- The price quoted must include VAT (if VAT vendor). However, it must be noted that the Department reserves the right to evaluate all quotations excluding VAT as some bidders may not be VAT vendors.
 - The bidder must ensure the correctness & validity of the quotation:
 (i) that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any
- (i) mat the price(s), trait(s) experience quote over aim or wewlorism (s) a decept dist any matstakes regarding the price (s) & calculations will be at the bidder's risk (ii) it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof. The bidder must accept full responsibility for the proper execution & full imment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract. This quotation will be evaluated based on the 80/20 points system, specification, correctness of information and/or functionality criteria. All required documentation must be completed in full and
- Offers must comply strictly with the specification.
 Only offers that meet or are greater than the specification will be considered.
 1.10. Late offers will not be considered.
- 1,11. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six
- 1.12. Used/ second-hand products will not be accepted
- 1.13. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
- 1.14. All delivery costs must be included in the quoted price for delivery at the prescribed destination.
 1.15. Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.

 1.16. In cases where different delivery points influence the pricing, a separate pricing schedule must be
- submitted for each delivery point.

 1.17. In the event of a bidder having multiple quotes, only the cheapest according to specification will be
- 1.18. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this
- 1.19. In such instances, the Department reserves the right to immediately disqualify such bidders as cover quoting is an offence that represents both corruption and acquisition traud.
- SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS

- Under no circumstances whatsoever may the quotation/ bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such
- The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- duplations submitted must be complete in all respects; however, where it is identified that information in a bidder's response is incomplete in any respect, the said supplier meets all specification requirements and is lowest to quote, the Department reserves the right to request the bidder to complete/submit such
- Any afteration made by the bidder must be initialled, Failure to do so may render the response invalid.

- Any ateration made by the index must be integed. Failure to the source the response invalid. Use of correction fluid is prohibited and may render the response invalid. Quotations will be opened in public as soon as practicable after the closing time of quotation. Where practical, prices are made public at the time of opening quotations. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.
- The Department is fulfil their obligation artment is under no obligation to pay suppliers in part for work done if the supplier can no longer
- SPECIAL INSTRUCTIONS REGARDING HAND-DELIVERED QUOTATIONS
- Quotations shall be lodged at the address indicated no later than the closing time specified for their
- receipt and in accordance with the directives in the quotation documents.

 Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not compiled with, such
- to any quotation of their than that shown on the envisope. It mis provision is not complied with, such quotations hids may be rejected as being invalid.

 All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unoperand in safe outstody until the closing time of the quotation flots. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation, bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number.
- written on the envelope.

 A specific box is provided for the receipt of quotations, and no quotation found in any other box or
- Aspectation to its protection in recognize quotations, and operations and operation many oversions determined the clossing date and time of quotation will be considered. No quotation/bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery. Quotation documents must not be included in packages containing samples. Such quotations may be
- rejected as being invalid.



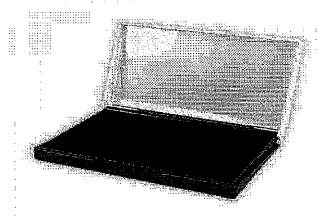
DIRECTORATE. LAUNDRY SERVICE

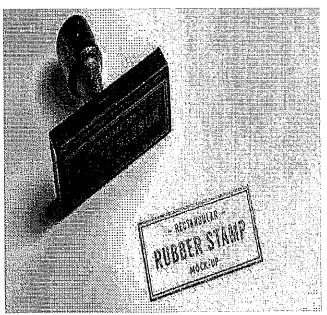
Fabric Linen Stamp with Marking ink

DPKISMH

Hospital linen stamp with (DPKISMH) will used to stamp linen from time to time.

logo with pad and ink that





	Name	Designation	<u>Signature</u>	<u>Date</u>
Compiled by	P F Ngobese	Cleaning & Grounds Manager	n -	
Supported by	S T Mavundla	AD : Facilities Management	Marwald	17/02/202
Recommended by	L S Latchminarain	DD : Facilities Management		חעעע

7 (The 2012) 11 (1.5) (1.5)		A CONTRACTOR
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apartment:	 END-USER SPECIFICATION FORM 	
ealth PROVINCE OF KWAZULU-NATA		
uote Number:		
Item Description:	Hospital linen Stamp with in	k
		1
Department/Section:	LAUNDRY Purpose of Item: TO Stem	np hospital
I. Pre-qualification cr	riteria if any:) '
1.1. Is the item requ Regulatory Body / cer	uired to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIE	B, etc.)? Yes / No:
1.2. Is a compulsor if Yes, specify: Date	ry site inspection / briefing session required? Yes / No	
1.3. Is local product	ction and content part of the quote? Yes (No	
ii 100, apouty.	as a construction of the c	
1.4. Provisions of s	section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes /No)	
if Yes, specify:	section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes /No	
1.5. Liability Cover	insurance? Yes / No	
if Yes, specify:		
141141	" " " " " " " " " " " " " " " " " " " "	
	cation of the required item?	
List specifications to be a		
1. DPISKM	Lettering	
2. Permonent		DE LINEN
	STAMP)	
4. X- LARGE 5. 611TH D	200	
VIN P	AD	
. Does a sample need	d to be submitted? Yes No(select antion 3.1 or 3.2)	
3.1. Deadline for sub-	d to be submitted Yes No(select option 3.1 or 3.2) omission if Yes: Date// Time Place	
Jan Descripted in Sing	THIS COLD TO BUILD THE PROPERTY OF THE PROPERT	Lagrand of the Sample of State of Sample
•	poles must be made available when requested in writing (VasV) or No	
r	nples must be made available when requested in writing. Yes or No	
r 3.2. Specify that sam		
3.2. Specify that sample and the sample stops are supplied to the supplier fail	d by the suppliers: ils to deliver any or all of the goods or to perform the services within the period(s) spec	ified in the contract.
3.2. Specify that sample and the supplier fail the purchaser shape and the pur	d by the suppliers: ils to deliver any or all of the goods or to perform the services within the period(s) spectable, without prejudice to its other remedies under the contract, deduct from the contract.	ontract price, as a
3.2. Specify that sample 3.2. Specify that sample 4.1. If the supplier fail the purchaser shapenalty, a sum c	d by the suppliers: ils to deliver any or all of the goods or to perform the services within the period(s) specthall, without prejudice to its other remedies under the contract, deduct from the cocalculated on the delivered price of the delayed goods or unperformed services usin	ontract price, as a
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7 3.2. Specify that same 3.2. Specify that same 4.1. If the supplier fail the purchaser shapenalty, a sum of interest rate calculation. What is the evaluation criteria / sp. 1. Pre-qualification criteria / sp. 2. Administrative 3. Conformance: 4. Performance: 5. Features: 6. Reliability: 7. Durability:	d by the suppliers: ils to deliver any or all of the goods or to perform the services within the period(s) specially, without prejudice to its other remedies under the contract, deduct from the contract on the delivered price of the delayed goods or unperformed services using culated for each day of the delay until actual delivery or performance. On criteria / special terms and conditions to be advertised? In pecial terms and conditions to be advertised? In pecial terms and conditions to be advertised (if applicable) In period Does the offer meet the pre-qualification criteria? In pecial terms and conditions to be advertised (if applicable) In period Does the offer meet the pre-qualification criteria? In pecial terms and conditions to be advertised? Was the product made or service performed to specifications? Will/does the product/service fulfil its performance obligation, in a manner that resupplier from all liabilities under the contract? What characteristics does the product or service have? How long can a product go between failures and the need for maintenance? (guar What is the useful life for the product? How will the product hold up under extended.	g the current prime leases the arantee)
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3.2. Specify that same 3.2. Specify that same 4.1. If the supplier fail the purchaser shapenalty, a sum of interest rate calculation. What is the evaluation criteria / sp. Pre-qualification criteria / sp. Conformance: Administrative Conformance: Features: Reliability: Durability:	d by the suppliers: ils to deliver any or all of the goods or to perform the services within the period(s) specially, without prejudice to its other remedies under the contract, deduct from the contract on the delivered price of the delayed goods or unperformed services using culated for each day of the delay until actual delivery or performance. On criteria / special terms and conditions to be advertised? In pecial terms and conditions to be advertised? In pecial terms and conditions to be advertised (if applicable) In period Does the offer meet the pre-qualification criteria? In pecial terms and conditions to be advertised (if applicable) In period Does the offer meet the pre-qualification criteria? In pecial terms and conditions to be advertised? Was the product made or service performed to specifications? Will/does the product/service fulfil its performance obligation, in a manner that resupplier from all liabilities under the contract? What characteristics does the product or service have? How long can a product go between failures and the need for maintenance? (guar What is the useful life for the product? How will the product hold up under extended.	g the current prime leases the arantee)

Name of End-user (in full)	t. F. Noobese	Name of SCM Rep (in full)	SCYA MZOW
Designation / Rank (in full)	Cleaning Man	Designation/ Rank (in full)	SCHR
Signature	Dugday	Signature	Gar)-
Date	1505/21/20	Date	1081,2/204

DECLARATION OF INTEREST

- 1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
- the bidder is employed by the state; and/or
- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.

In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.

	Full name of bidder/representati				- Marsham		
2.2.	Identity Number:	Company (director,	trustee,2.5.	Tax Reference Numb	n Number: per: mber:	* *** *** *** * * * * * * * * * * * * *	
2.7.	The names of all directors / trus employee / persal numbers mus APPLICABLE]	tees / shareholders / mer t be indicated in paragrap	mbers, their ind oh 3 below.	lividual identity numb	ers, tax reference num	nbers and, if ap [TICK	pficable,
	Are you or any person connecte		ly employed by	the state?		YES	NO
2.8.1	. If so, furnish the following partico Name of person / director / truste	ılars: o / shareholder/ member					
		ution at which	you or	the person	connected to	the bidd	er is
	employed: Position occupied	in the etc.	 ite insti	tution:		Δην	other
	particulars:					•	
2.8.2	. If you are presently employed	by the state, did you obta	ain the approp	tate authority to unde	rtake remunerative wo		
2.8.2	in the public sector? .1. If yes, did you attach proof o	f such authority to the gu	ote document	,		YES	NO
(Note: I	allure to submit proof of such aut	hority, where applicable.	may result in t	he disqualification of t	he quote.)		
2.8.2	.2. If no, furnish reasons for nor Did you or your spouse, or any	t-submission of such prod of the company's director	0f: 's / triistees / s	hareholders / member	rs or their snouses co	nduct husiness	with the
2.5,	state in the previous twelve mon	ths?	01 ((00(000) 0	Hardholdera / Hierraber	o or aron opogooo ou	YES	NO
2.9.1	. If so, furnish particulars:			in Gamilia Francia other		alayad by the a	toto and
2.10	Do you, or any person connect who may be involved with the ev	ad with the bidder, have aluation and or adjudical	any retations: tion of this quo	ip (ranniy, menu, our te?	ar) with a person emp	YES YES	NO NO
2.10	1. If so, furnish particulars:						
2.11	Are you, or any person connect person employed by the state w	ted with the bidder, awa	are of any rela The evaluation	tionship (tamily, trien and or adjudication of	d, other) between any this quote?	y other bidder YES	and any
2.11	1. If so, furnish particulars	** ***		* *** *	++1 11+161		
2.12	Do you or any of the directors		s / members o	f the company have	any interest in any o	ther related co	mpanies NO
2.12	whether or not they are bidding to 1. If so, furnish particulars:	or this contract?	*** *** * * * * * * * * * * * * * * * *	* *** * * * * * * * * * * * * * * * * *		150	INO
	Full details of directors / truste						
NB:	The Department Of Health wiresponsibility to ensure that theithe quote will not be considered	ll validate details of di ir details are up-to-date a	irectors / true and verified on	CSD. If the Departme	ent cannot validate the	e information	on CSD,
4	DECLARATION						
I, TI FUI	HE UNDERSIGNED (NAME 'NISHED IN PARAGRAPHS) 2.	• • • • • • • • • • • • • • • • • • • •		CERTIFY THAT T	HE INFORM	ATION
	CEPT THAT THE STATE NOVE TO BE FALSE.	IAY REJECT THE QU	JOTE OR A	CT AGAINST ME S	SHOULD THIS DE	CLARATION	1
	e of bidder	Signature		Position	_)ate	
1 "Sta a) b)	te' means — any national or provincial department constitutional institution within the mean Act, 1999 (Act No. 1 of 1999); any municipality or municipal entity;	national or provincial public ning of the Public Finance Mar	entity or c) nagement d) e)	provincial legistature; national Assembly or the a Parliament.	national Council of province	es; or	

^{*} Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.